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To: Yasin Barqadle			Jeffrey R. Jeppsen						
Fax:	703-746-7238	Pages:	+Coversheet						
Phone	:	Date:	May 5, 2004						
Re: Second Response Pursuant to 37 CFR 1.116 and Request for Continued Examination									
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Application No.: 09/684,047

Attorney Docket No.: 65632-0032

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to Yasin Bargadle (703) 746-7238 at the United States Patent and Trademark Office.

May 5, 2004

Jennifer Booth

Typed or printed name of person signing Certificate

Transmitted, herewith, are the following documents:

- 1. Facsimile cover page (1 page)
- 2. Request for Continued Examination (RCE) Transmittal (1 page)
- 3. Fee Transmittal (1 page)
- 4. Duplicate Copy of Fee Transmittal (1 page)
- 5. Amendment for RCE (15 pages)
- 6. Certificate of Transmission (1 page)



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PTO/SB/17 (10-03

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		Complete if Known						
FEE TRANSMITTAL	•	Application Number		Numb	er 09/684,047-Conf. #3050			
for FY 2004		Filing Date			October 6, 2000			
		First Named Inventor		Inver	ntor Benjamin Bin Li			
Effective 10/01/2003, Patent fecs are subject to annual revision.		Examiner Name		ime	Bargadle, Yasin M.			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			2153			
			ey Doo	-kat Nic				
	т -	Adom	ey Do					
METHOD OF PAYMENT (check all that apply)	├ ──			FEE	CALCULATION (continued)			
Check Cradit Money Other None X Deposit Account:		ADDITIO		FEES				
Deposit Account Number 07-2347	Fee Code	Fee	Fee Code	Fee (\$)	Fee Description Fee Pald			
Deposit Account Verizon Services Corp.	1051	130	2051	65	Surcharge - late filling fee or oath			
Account Verizon Services Corp. Name The Director is authorized to: (check sil that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.			
X Charge (ee(s) Indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification			
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filling a request for ex parte reexamination			
Construction of the state of th	1804	920*	1804	920*	Requesting publication of SIR prior to			
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after			
FEE CALCULATION	1251	110	2251	55	Examiner ection Extension for reply within first month 110			
1. BASIC FILING FEE	1252		2252	210	Extension for reply within second month			
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month			
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filling a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403		2403	145	Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	-	1451	1,510	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL (1) (5) 0.00	1452		2452 2453	55 665	Petition to revive - unavoidable Petition to revive - unintentional			
O CYTINA CLAIM FEED FOR HTH ITY AND BEICHLE	1501	-	2501	665	Utility Issue fee (or reissue)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from See State	1502	-	2502	240	Design issue fee			
Total Claims Total Claims x	1503		2503	320	Plant issue fee			
Independent x	1480		1460	130	Petitions to the Commissioner			
Cisims Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
	1806		1806	160	Submission of Information Disclosure Strat			
Large Entity Small Entity Fee Fee Fee Fee Fee Code (5) Code	8021		8021	40	Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Fiting a submission after final rejection (37 CFR 1.129(s))			
1201 86 2201 43 Independent daims in excess of 3 1203 290 2203 145 Multiple dependent cisim, if not paid	1810	770	2810	385	For each additional invention to be			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801		2601	385	examined (37CFR 1.129(b)) Request for Continued Examination (RCE) 770.00			
over original patent	1802		1802	900	Request for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		fee (spe	1		of a design application			
SUBTOTAL (2) (\$) 0.00 "or number previously paid, if greater; For Relaxues, see above	*Red	uced by i	Basic Fi	ling Fee	Paid SUBTOTAL (3) (\$) 880.00			
SUBMITTED BY (Complete (if app/icable))								
Name (Print/Type) Jeffrey B. Jeppsep		tration No		,072	Telephone (801) 572-8108			
Signature Company	(Attor	ay/Agent)		, - , -	Date May 5, 2004			
Fee Transmittal I hereby certify that this correspondence is being facsimile transmitted to facsimile number 703-746-7238 at the United States Patent and Trademark Office.								
Dated: May 5, 2004 Signature: ————————————————————————————————————								